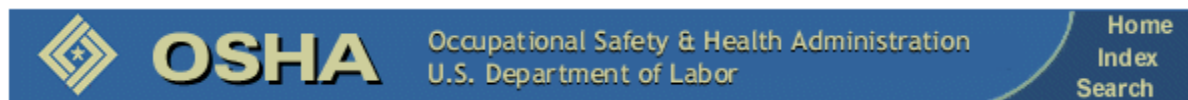


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Regulations (Standards - 29 CFR)

Confined Space Pre-Entry Check List - 1910.146AppD

◀ [OSHA Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- Standard Number: 1910.146AppD
 - Standard Title: Confined Space Pre-Entry Check List
 - SubPart Number: J
 - SubPart Title: General Environmental Controls
-

Appendix D to §1910.146 -- Sample Permits

Appendix D-1

Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expires: _____
 Job site/Space I.D.: _____ Job Supervisor: _____
 Equipment to be worked on: _____ Work to be performed: _____

Stand-by personnel: _____

- Atmospheric Checks:

Time	_____		
Oxygen	_____%		
Explosive	_____%	L. F. L.	
Toxic	_____PPM		
- Tester's signature: _____
- Source isolation (No Entry):

	N/A	Yes	No
Pumps or lines blinded, disconnected, or blocked	()	()	()
- Ventilation Modification:

	N/A	Yes	No
Mechanical	()	()	()
Natural Ventilation only	()	()	()
- Atmospheric check after isolation and Ventilation:

Oxygen _____%	>	19.5	%
Explosive _____% L. F. L.	<	10	%
Toxic _____PPM	<	10	PPM H(2)S
Time _____			

Testers signature: _____

6. Communication procedures: _____
_____7. Rescue procedures: _____

8. Entry, standby, and back up persons:	Yes	No
Successfully completed required training?		
Is it current?	()	()

9. Equipment:	N/A	Yes	No
Direct reading gas monitor - tested	()	()	()
Safety harnesses and lifelines for entry and standby persons	()	()	()
Hoisting equipment	()	()	()
Powered communications	()	()	()
SCBA's for entry and standby persons	()	()	()
Protective Clothing	()	()	()
All electric equipment listed Class I, Division I, Group D and Non-sparking tools	()	()	()

10. Periodic atmospheric tests:							
Oxygen	____%	Time	____	Oxygen	____%	Time	____
Oxygen	____%	Time	____	Oxygen	____%	Time	____
Explosive	____%	Time	____	Explosive	____%	Time	____
Explosive	____%	Time	____	Explosive	____%	Time	____
Toxic	____%	Time	____	Toxic	____%	Time	____
Toxic	____%	Time	____	Toxic	____%	Time	____

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____

Approved By: (Unit Supervisor) _____

Reviewed By (Cs Operations Personnel) : _____

(printed name)_____
(signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office)
Yellow (Unit Supervisor)
Hard (Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION _____
PURPOSE OF ENTRY _____

SUPERVISOR(S) in charge of crews Type of Crew Phone #

COMMUNICATION PROCEDURES

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM)

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*

REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____
Purge-Flush and Vent	_____	_____
Ventilation	_____	_____
Secure Area (Post and Flag)	_____	_____
Breathing Apparatus	_____	_____
Resuscitator - Inhalator	_____	_____
Standby Safety Personnel	_____	_____
Full Body Harness w/"D" ring	_____	_____
Emergency Escape Retrieval Equip	_____	_____
Lifelines	_____	_____
Fire Extinguishers	_____	_____
Lighting (Explosive Proof)	_____	_____
Protective Clothing	_____	_____
Respirator(s) (Air Purifying)	_____	_____
Burning and Welding Permit	_____	_____

Note: Items that do not apply enter N/A in the blank.

****RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS**

CONTINUOUS MONITORING**	Permissible	_____	_____	_____	_____	_____	_____	_____	_____
TEST(S) TO BE TAKEN	Entry Level	_____	_____	_____	_____	_____	_____	_____	_____
PERCENT OF OXYGEN	19.5% to 23.5%	_____	_____	_____	_____	_____	_____	_____	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____	_____	_____	_____	_____	_____	_____	_____
CARBON MONOXIDE	+35 PPM	_____	_____	_____	_____	_____	_____	_____	_____
Aromatic Hydrocarbon	+ 1 PPM * 5PPM	_____	_____	_____	_____	_____	_____	_____	_____
Hydrogen Cyanide	(Skin) * 4PPM	_____	_____	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	+10 PPM *15PPM	_____	_____	_____	_____	_____	_____	_____	_____
Sulfur Dioxide	+ 2 PPM * 5PPM	_____	_____	_____	_____	_____	_____	_____	_____
Ammonia	*35PPM	_____	_____	_____	_____	_____	_____	_____	_____

* Short-term exposure limit: Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME	INSTRUMENT(S)	MODEL	SERIAL &/OR
& CHECK #	USED	&/OR TYPE	UNIT #

_____	_____	_____	_____
-------	-------	-------	-------

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK			
SAFETY STANDBY PERSON(S)	CHECK #	CONFINED SPACE ENTRANT(S)	CHECK #

_____	_____	_____	_____
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SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED

DEPARTMENT/PHONE

AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387

[58 FR 4549, Jan. 14, 1993; 58 FR 34846, June 29, 1993]

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